PTO/SB/06 (08-0)
Approved for use through 10/31/2002. OMB 0651-003

P	ATENT A	PPLICATI	ON FEE D	ETER	MINATI	ON RECOR	D	Ap	plication or		et Number	a LL
								l	10,	00	8,0	<i>7</i> /
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMA	LL E	NTITY	OR	OTHER T		
FOR		NUM	NUMBER FILED		NUMBER EXTRA		RA'	FE	FEE		RATE	FEE
(37 C	C FEE FR 1.16(a))							e r	\$370.	·87	28.00	s
	L CLAIMS R 1.16(c))		2.2 minus 20 =		* 2		x \$ 9		18.00	Pole	x\$ =	
	PENDENT CL.	AIMS	2 minus 3 =		*		×		.50 PC	$p_{or}$	x =	
MUL	TIPLE DEPEN	DENT CLAIM F	LAIM PRESENT (37 CFR 1.16(d))				+			OR		
* If the difference in column 1 is less then zero, enter "0" in column 2							TOT	Æ	320.0	Dove	)ZTOPAL)	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2)						(Column 3)	SMA	LL E	NTITY	OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN		NU: PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RATE × \$=	E	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
NO E	Total (37 CFR 1.16(c))	*	Minus	**		==		_=			x \$=	
IME	ndependent 37 CFR 1.16(b))	*	Minus	***		=	x	_=		OR OR	x=	
`	FIRST PRES	ENTATION OF	MULTIPLE DE	PENDENT	CLAIM	(37 CFR 1.16(d))	] ]+			OR	+=	
		(Column I)		(Cole	ımın 2)	(Column 3)	ADDIT, F			OR <sub>A</sub>	TOTAL DDIT. FEE	
AMENDMENT B	614	CLAIMS REMAINING AFTER AMENDMEN	122.7.10.19	NU. PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE	OR OR OR	RATE	ADDI- TIONAL FEE
P N	Total (37 CFR 1.16(c))	*	Minus	**		=	x \$	-			x \$=	
E E	ndependent (37 CFR 1.16(b))	*	Minus	***		-	x	_=			x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM G7 CFR 1.16(d))							_=		OR	+=	
(Column 1) (Column 2) (Column 3)							TOT ADDIT. I			OR <sub>A</sub>	TOTAL DDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		NU! PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
É	Total (37 CFR 1.16(e))	*	Minus	**		-	x \$=	_=		OR	x S=	
WE	ndependent (37 CFR 1.16(b))	*	Minus	***		-	x	- "		OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(6))						11-	_=		OR	+=	
* 16**	ne entry in colu	mn 1 is less than t	he entry in colu	nn 2 write	"O" in colur	nn 3	TO ADDIT.			OR	TOTAL DDIT, FEE	
** If th	he "Highest Nu	mber Previously P	aid For" IN TH	S SPACE	is less than 2	20, enter "20".	ADDIT.	reE •		- /	DDII. FEE	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Bruden Hour Statemer: This form it estimated to nake 27 boxes to complete. Then will vary depending upon the morels of the individual case.

Any comments on the amount of time year or equited to complete this form should be great to the Child Information Office. US. Fatest and or Trademark

Office, Washington, DC 2023.1 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Preness, Washington, DC 2023.1